

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

| | | |
|---|---|---|
| PLAINTIFF United States of America | | COURT CASE NUMBER 16-00038 |
| DEFENDANT KIMBERLY C. SPENCER | | TYPE OF PROCESS Sale |
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN KIMBERLY C. SPENCER | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 1007 North Market Street Berwick, PA 18603 | |
| SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW | | Number of process to be served with this Form 285 |
| KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106 | | Number of parties to be served in this case |
| | | Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

*Bid: \$27483.00**Sale: October 6, 2016 11:00 AM Columbia Co*

| | | | |
|--|---|---|------------------------|
| Signature of Attorney other Originator requesting service behalf of: | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 215-627-1322 | DATE 7/26/16 |
|--|---|---|------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|--------------------|-------------------|--|----------------|
| I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted.)</i> | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | | No. 67 | No. 67 | <i>Re</i> | 7/22/16 |

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed, as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the or the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below.)

Name and title of individual served (if not shown above)

FILED
SCRANTON☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only) different than shown above

NOV 27 2016Date **10/6/2016** Time **11:15** ☒ am ☐ pm**PER** *[Signature]*
DEPUTY CLERKSignature of U.S. Marshal or Deputy
[Signature]

| | | | | | |
|---------------------------------|---|----------------|-----------------------------------|------------------|--|
| Service Fee \$ 195.00 | Total Mileage Charges (including return ors) \$ 49.68 | Forwarding Fee | Total Charges \$ 244.68 | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00 |
|---------------------------------|---|----------------|-----------------------------------|------------------|--|

REMARKS: **1 DUSM @ 3 HRS (3X65) = 195.00; RO TRIP MILEAGE: (92X.54) = 49.68****PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FILED
HARRISBURG, PA

PRIOR EDITIONS MAY BE USED

OCT 24 2016
*[Signature]*Form USM-285
Rev. 12-30